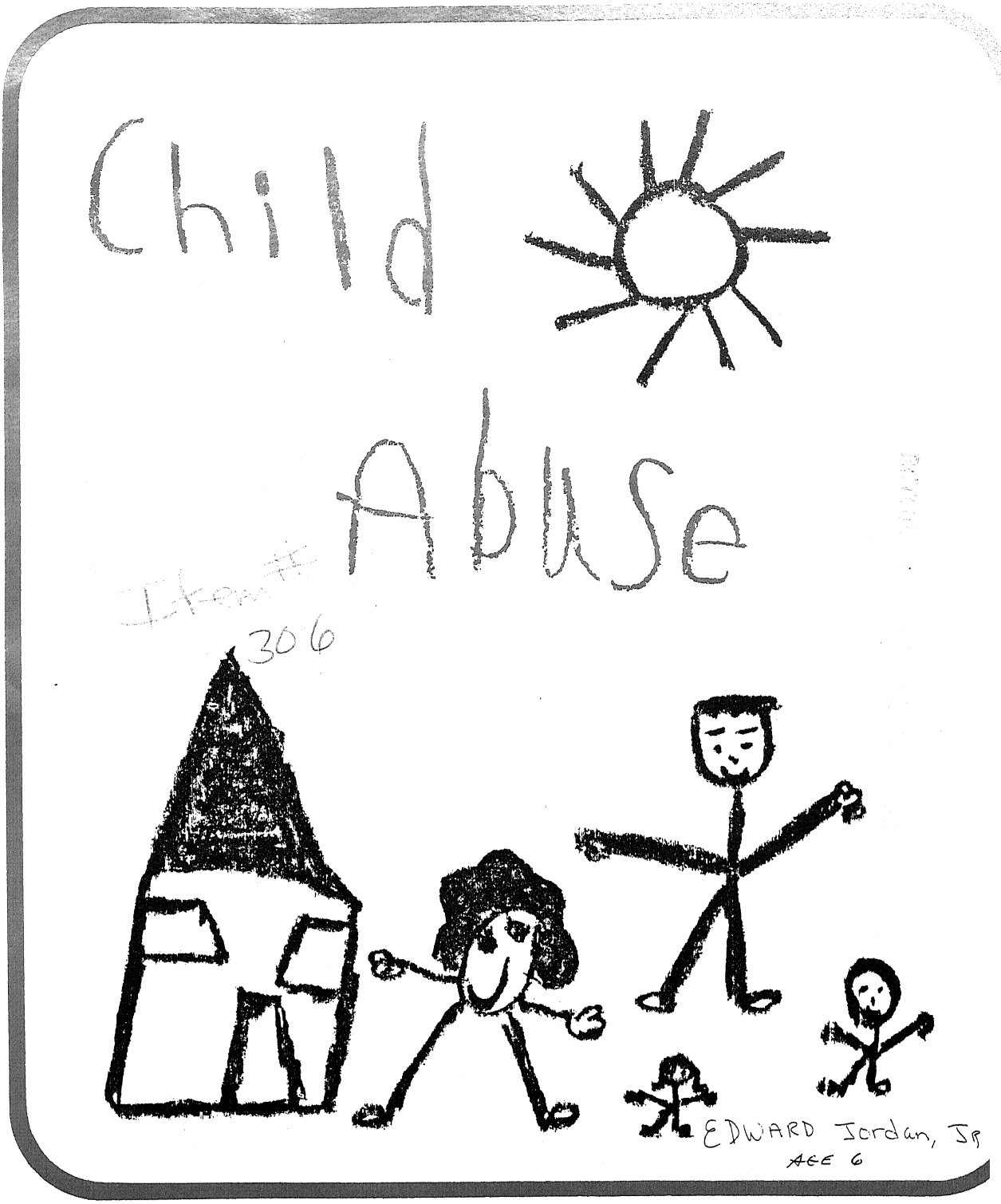

A Report from the Department of Defense Child Sexual Abuse
Policy Development Conference

September 18-19, 1985

Acknowledgements

litary Family Resource Center acknowledges the assistance
Military Departments, the National Center on Child Abuse
leglect, the National Committee for the Prevention of Child
e, the National Center for the Prevention and Treatment of
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al, National Medical Center, the Sacramento Child Sexual
Program, the National Sheriff's Association, and numerous
ning and producing the Department of Defense Child Sexual
elopment Conference.

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Introduction

The mission of the Military Family Resource Center is to recommend policy and program guidance to the Assistant Secretary of Defense (Force Management and Personnel) with regard to family violence issues, and to assist the Military Services in their efforts to establish, develop, and maintain a comprehensive Family Advocacy Program. The Department of Defense Family Advocacy Program focuses on the elimination of family violence and the facilitation of effective family functioning. Specific functions in support of the Military Family Resource Center mission include development of policy and standards, and assistance in identifying and resolving joint-Service family advocacy issues.

Rationale and Objectives

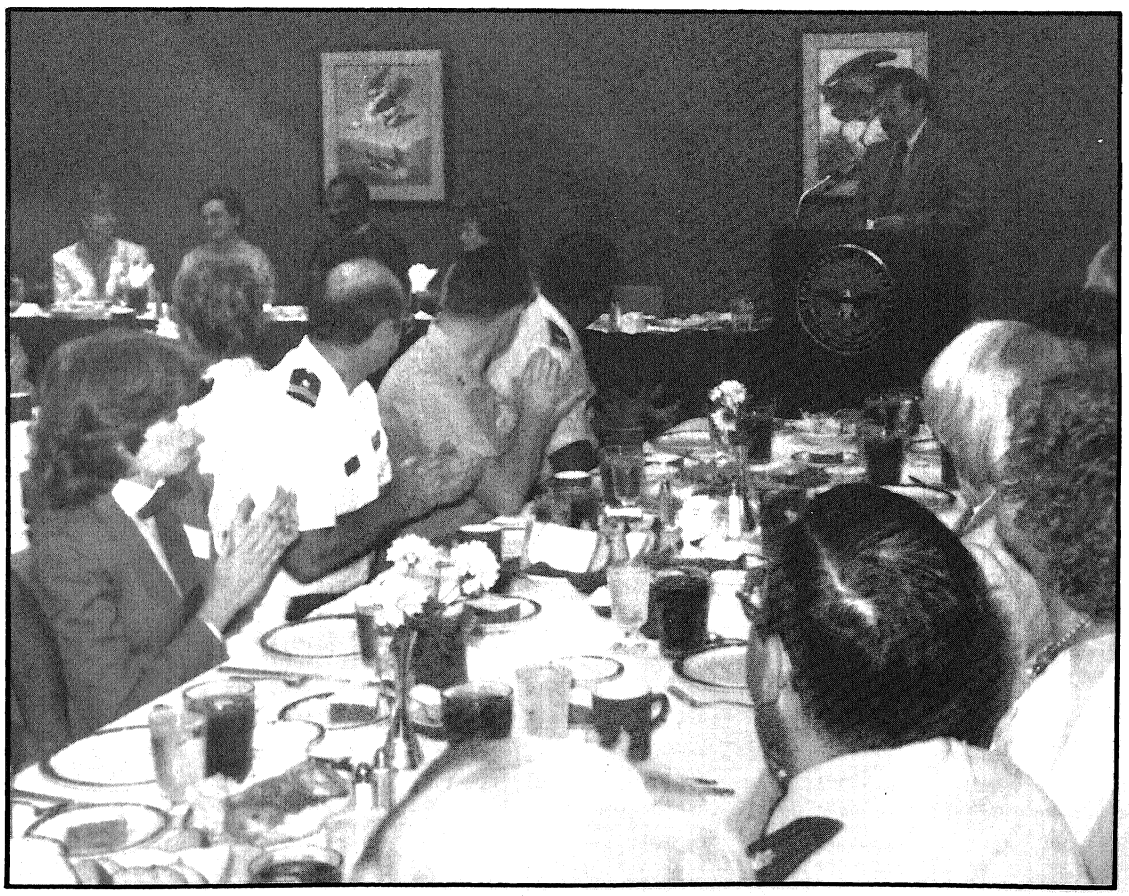
The problem of child sexual abuse, specifically intrafamilial abuse, is characterized by high levels of emotional response, complex legal, social and psychological aspects, and largely insufficient resources to treat victims and perpetrators. This type of abuse, more than any other, results in some of the most tragic and far-reaching consequences for involved families. The complexity of the problem requires active multidisciplinary coordination and cooperation in the initial response phase and in ongoing case management.

Military Family Resource Center interest in child sexual abuse policy developed in response to increased awareness and case reporting, and the apparent absence of definitive policy within the Military Services on how best to respond to intrafamilial abuse. In general, responses to abuse are highly discretionary with dispositions for like offenses varying by Service and by command. The Military Family Resource Center concluded that a more uniform approach would be beneficial to the Services and to the affected families.

In response to these issues, the Military Family Resource Center hosted an interdisciplinary working conference composed of approximately 70 professionals from the Department of Defense, the Coast Guard, and the Department of Health and Human Services representing the fields of medicine, law, social services, personnel, criminal justice, and the chaplaincy.

Objectives of the Conference were:

- To review current DoD and Service child sexual abuse policies and practices.
- To identify and clarify factors that hinder timely and equitable dispositions in cases of child sexual abuse.
- To explore current trends and developments in child sexual abuse intervention and case management.
- To foster interdisciplinary cooperation and inter-Service uniformity in responding to child sexual abuse.
- To develop DoD policy recommendations and action plans for dealing with child sexual abuse.



Conference Overview

Planning for the Conference included the development of a pre-Conference survey of participants' positions on a draft policy statement for management of child sexual abuse cases. This was referred to as the "Delphi statement."

The Delphi process is commonly used to stimulate a sense of shared purpose among individuals unknown to each other, and to clarify the range of positions beforehand, thus shortening Conference time needed to explore the variety of available viewpoints. Forty-one of seventy invited participants responded to the Delphi statement. From the responses, a Conference statement was developed, which provided the basis for small working group deliberations at the Conference.

The first day of the Conference was devoted to a description of Service child sexual abuse programs and an overview of legal reforms, treatment programs, and case management issues by several nationally recognized experts. A summary of each presentation is included in this report.

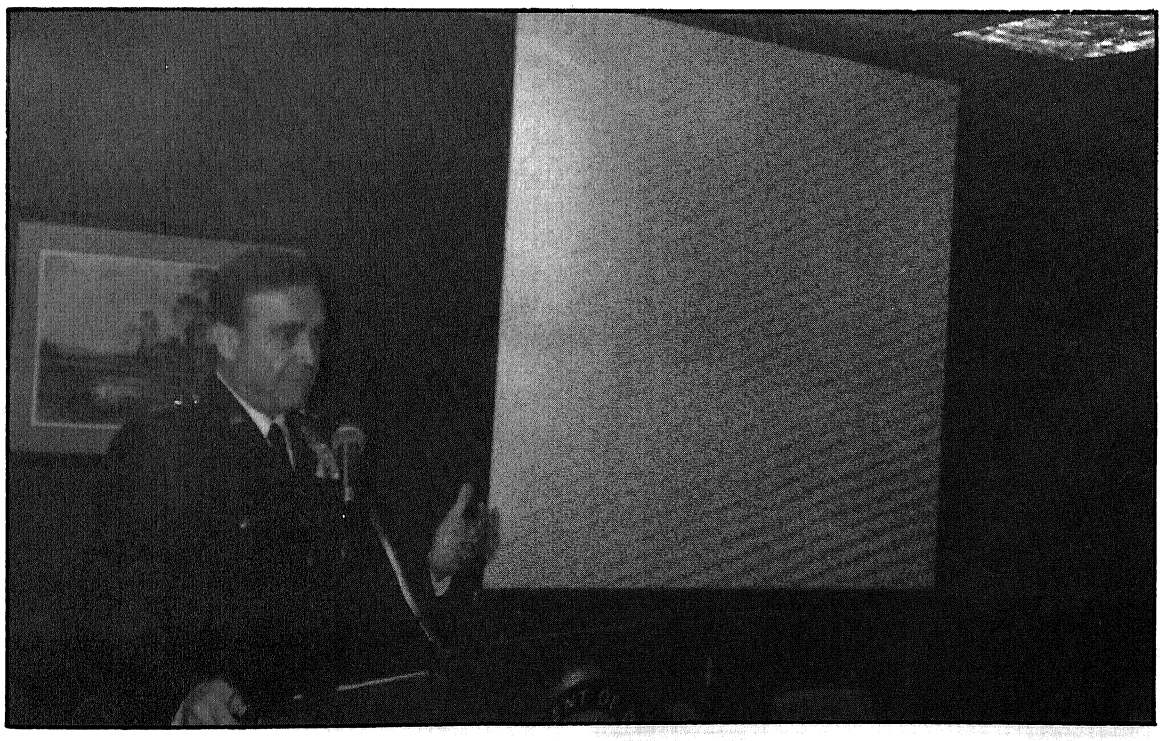
The second day of the Conference was devoted to small working groups divided by professional specialty. Each of the six groups: Law Enforcement, Manpower, Medical, Legal, and two Social Service groups were asked to respond to the Conference statement from the point of view of their group's professional involvement in the response, disposition, and case management processes. Each group reported their reactions and suggested revisions to the full Conference group. Highlights of group responses are included in this report.

Consensus on several key issues involving child sexual abuse cases emerged from the small group discussions. These points are summarized at the end of the report along with recommendations for using the Conference findings.

". . . anything we can do to help families improves combat readiness."

LTG Edgar A. Chavarrie, Deputy Assistant Secretary of Defense for Military Manpower and Personnel Policy, officially opened the conference and welcomed participants. He outlined the importance and necessity of looking at the area of child sexual abuse because of the military's responsibility to its members and their families. Also important, he noted, is the connection between member and family satisfaction and mission readiness.

The General stressed that the military establishment has become enlightened and now sees itself as a part of society with responsibilities to the member and to his or her family. He emphasized that military personnel leaders at the highest levels are all in full support of initiatives that enhance services to families in this area. He expressed confidence in our ability to develop viable and worthwhile policy and reminded the group that this area has important joint-Service implications. Finally, he congratulated the conferees on coming together and reiterated that there is strength in numbers, and that anything we can do to help families improves combat readiness.

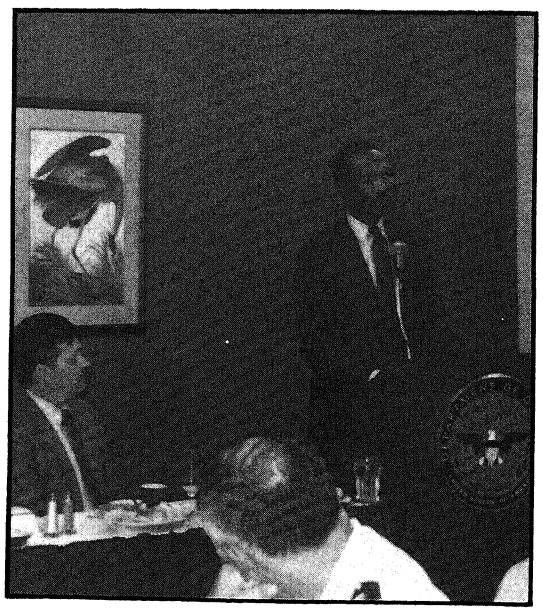


Deputy Assistant Secretary of Defense (Military Manpower and Personnel Policy), LTG Edgar A. Chavarrie, USAF, Opens the Conference

". . . our efforts need to be more unified and complementary. . .".

"I am pleased that I can come and talk to you on these vital issues, and on behalf of the Force Management and Personnel family, I would like to personally welcome the Military Family Resource Center to our organization in a formal sense. I would also like to acknowledge its efforts in creating a focal point for military family advocacy programs within the Department of Defense.

"Family violence in our community poses very complex sets of problems. It is emotionally troublesome not only for those families involved, but for our military leaders and health professionals as well. It presents particular challenges in terms of fiscal relationships, personnel resource allocation and resource determination processes, installation management, and interdisciplinary and community relationships. . . .



Acting Assistant Secretary of Defense (Force Management and Personnel), Mr. Jerry L. Calhoun, addressed conferees at the September 19th luncheon.

"In the military community we have focused on child abuse and neglect in our directives and regulations, specifically requiring that a Family Advocacy Program be established at all installations where our military members and their families reside.

"As is true in many aspects of the defense mission and of our technological world, increased knowledge and sophistication leads to more ambitious and costly requirements in order to do a job well. In the field of child abuse and neglect we are confronted by, I would say, a huge problem. But the problem and its magnitude tends to be somewhat elusive. And so the requirements remain substantial and our involvement great, and it must be so, if we are to protect children from being victimized. . . .

"It is imperative, it seems to me, that we, all of us here today and all of those agencies we represent, face these issues squarely, and vigorously exercise our obligation to prevent sexual abuse where possible, identify it where it exists, and effect appropriate action for those involved. . . .

"Of course, there is a great deal of work being done to prevent the abuse of children from occurring, and to heal families and communities when it does occur. But, as you are demonstrating by your participation in this working conference, our efforts need to be more unified and complementary in terms of jurisdictional levels and among all the professional disciplines involved.

"I personally and professionally congratulate and thank you on your dedication to this task of identifying issues and procedures for the improvement in our response to child sexual abuse."

"Defense of our country depends not only on the development of technology, but on the protection of our most vital resource — our children."

The National Center on Child Abuse and Neglect

Helen Howerton, Director

Established by Congress in 1974 the National Center on Child Abuse and Neglect provides leadership in national efforts to minimize trauma to children and encourage their healthy development. The legislation that established the Center was amended in 1978 and again in 1984. While the law initially addressed intrafamilial abuse and neglect (and established a mandatory reporting requirement in this area), the definition of child abuse and neglect has been more recently expanded to include sexual exploitation, the withholding of medical treatment to handicapped children, and abuse occurring in out-of-home care.

Among the duties of the Center is the collection and publication of statistics on child abuse and neglect from the states. In 1983 (the last full year for which statistics are available), a little over one million cases of suspected abuse, involving 1.5 million children, were reported. A 1980 incidence study found that where child abuse was identified, only one in four cases was reported. The Center is trying to establish better criteria for what constitutes a reportable case, and to educate the public and professionals in this regard. There is an increasing problem with spurious reports, particularly in cases where there is disagreement over child custody.

Among child abuse cases reported in 1983, 8.5% were cases of child sexual abuse. It has been estimated that only one in five cases of sex abuse is reported. Estimates of this type are drawn from studies of adults revealing that they were sexually abused as children.

Of reported sex abuse victims, 85% are female. The average age of victims is 10.5 years. The racial distribution closely resembles that of the country as a whole. Reported perpetrators are overwhelmingly parents (though it must be remembered that reporting is skewed for intrafamilial episodes). Of the 70% of intrafamilial abuse, 57% is committed by a natural parent. Most perpetrators are male. Although we have not been able to successfully describe risk factors for child sexual abuse, alcoholism and spouse abuse appear to be more common where there is sexual abuse of children.

There is great aspiration and an abundance of theory, but an inadequate amount of information on demonstrated results and effective programs to combat and treat sexual abuse. There are many successful local programs using a variety of techniques with varying results. Work in this area is still quite primitive and there is as yet no commonly accepted method for treating offenders.

More attention should be given to encouraging the non-offending parent to come forward for help, to studies on the long-lasting effects or possible negative effects of prevention training for young children, to training child care providers, and to improving licensing procedures for out-of-home care, as well as to effecting legal reforms to reduce trauma to children while protecting the rights of offenders.

Current Trends in Military Family Advocacy Programs

Each of the Military Services was invited to describe current Family Advocacy Program initiatives, highlighting efforts in the area of child sexual abuse.

The following represents a summary of presentations by each Service, including the U.S. Coast Guard, an element of the Department of Transportation.

MAJ Richard Stagliano, MSC, USA, Chief, Army Community Service

The Army Family Advocacy Program is divided into two areas: Army Community Service, which has responsibility for community education, program management, and awareness; and Health Services Command (medical facilities), which has responsibility for diagnosis, treatment, and case management.

There are currently 166 Army Community Service centers. The Army central case registry is computerized and located in San Antonio, Texas. Currently, there is no Department of the Army policy in the area of child sexual abuse. Unit commanders are responsible for case disposition. There is an interdisciplinary policy work group at Army Headquarters, which reviews case management and policy issues. The local Family Advocacy Case Management Team (FACMT) informs the commander of treatment alternatives and is responsible for ensuring coordinated and cooperative responses among team members. The team ensures three things: (1) that the rights of the child are protected, (2) that supportive services are provided, and (3) that FACMT and the commander stay in contact.

Training has been developed for Family Advocacy, Army Community Service, and CID staffs. The Family Advocacy Staff Training (FAST) course is three weeks long and includes community outreach and clinical tracks for participants.

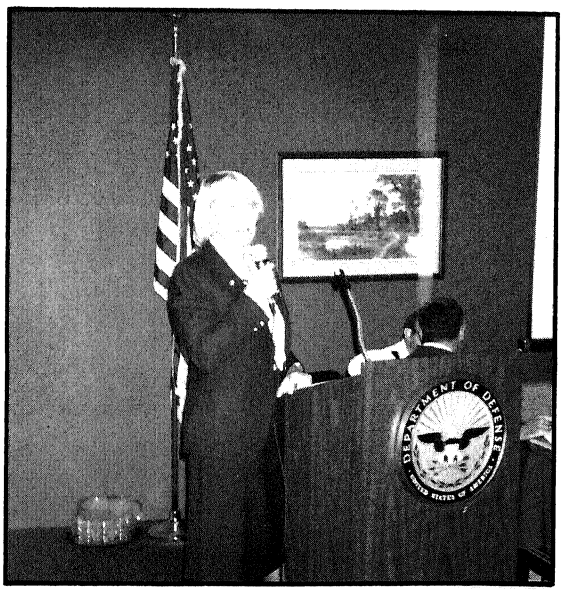
Prevention programs include working with child care and youth activities, developing a curriculum manual, a resource bibliography, and complementary legal policy.

The Navy Family Advocacy Program is based on the assumption that family violence should not be tolerated in a military community since it detracts from the basic mission of the military.

The program is based on the SECNAV Instruction 1752.3 that gives general guidelines for the program.

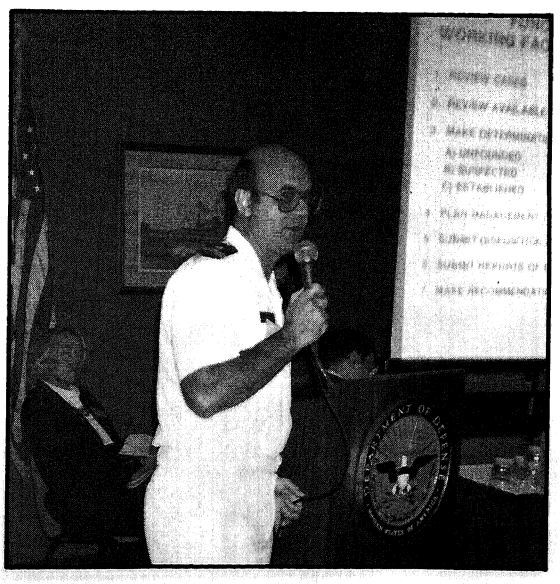
There are special procedures mandated for incest cases based on the assumption that: (1) cases are treatable, if managed properly; (2) many perpetrators are above-average sailors; and (3) the problem has significant adverse effects for the family and the victim. A change was made to the Naval Military Personnel Manual which did three things:

1. Exempted incest from mandatory processing for discharge.
2. Required that Naval Military Personnel Command be notified of any incest case prior to processing.
3. Moved decision-making on retention to the headquarters level.



Dr. Sandra Rosswork
Assistant Manager
Navy Family
Advocacy Program

Among the reasons for the change were that both the Family Advocacy Program and the idea of addressing incest were new, and that a consistent structure was needed because of inconsistencies in addressing the problem. For each case, a package of



LT Joseph DiPaolo
MSC, USN
Head, Naval Medical
Command Family
Advocacy Program

information is sent to headquarters for review. Requirements for inclusion in the program include:

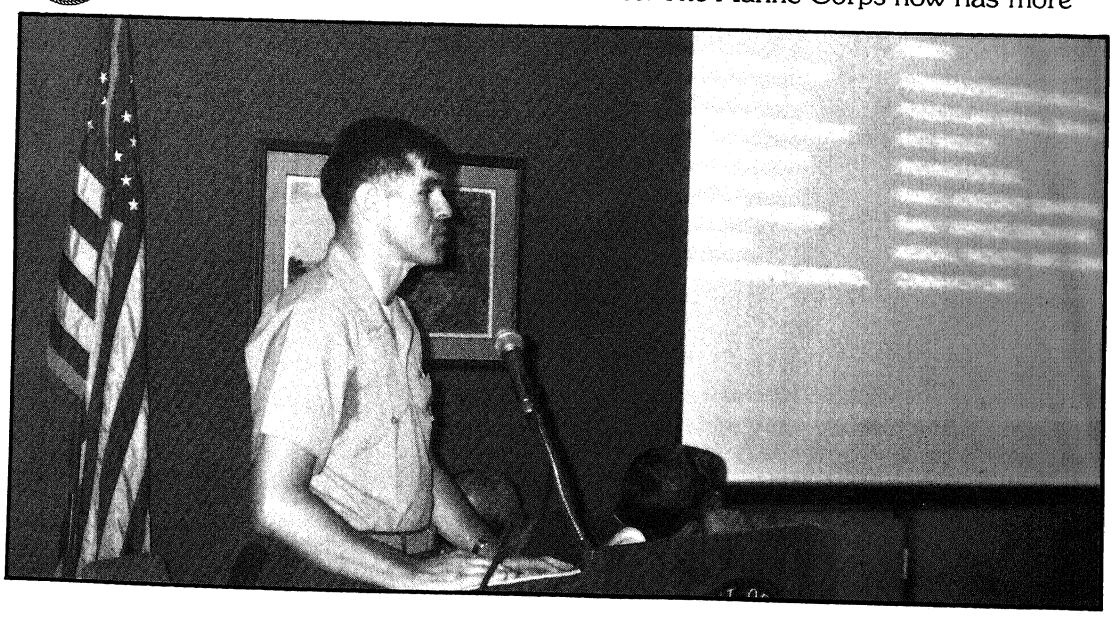
1. Record of good service by the perpetrator, including a positive recommendation by the individual's commanding officer.
2. Admission of guilt and motivation for change by the perpetrator.
3. An evaluation by a competent mental health professional recommending treatment.

If these criteria are met, then the individual is placed under assignment control by Naval Military Personnel Command.

Navy medical department has responsibility for treatment, case management, and reporting. First consideration is protection of the child. The Family Advocacy Representatives (FAR) at medical treatment facilities are the major coordinators and implementors of the program.

The Marine Corps program closely parallels that of the Navy. All medical support, including support for the Family Advocacy Program, comes from the Navy.

The program was established in 1983 with the implementation of Marine Corps Order 1752.3. It addresses personnel and preventive aspects. Marine Corps Family Service Centers are the primary implementing bodies. The Marine Corps now has more



CPT James Martinez, USMC Family Advocacy Coordinator, Marine Corps Family Program Branch

family members than active duty personnel. Over 40% of Marine Corps personnel are married.

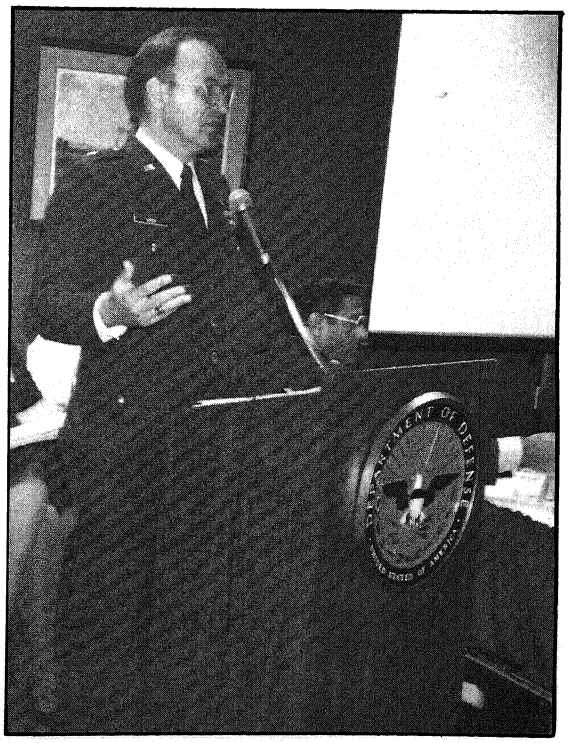
Marine Corps program objectives are:

1. To ensure military and civilian cooperation.
2. To use both on- and off-base resources to implement the program.
3. To enhance readiness by helping to bring families back together after an abusive incident.

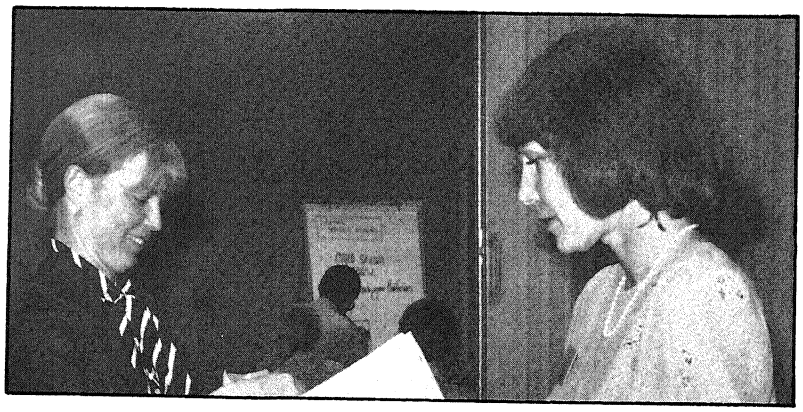
Family involvement is essential. Mandated rehabilitation and counseling is the preferred course of action in cases of intrafamilial sexual abuse. Headquarters is notified of incidents, but there is no assignment control placed on individuals. The local commanding officer is kept abreast and monitors the case. All case management occurs locally. Approximately ten percent of the child abuse cases are sexual abuse.

The Air Force Family Advocacy Program is managed and administered by the Office of the Surgeon General. There is a CHAP (Children Have A Potential) Officer in medical facilities who manages cases. A local multidisciplinary committee makes case determinations and assists in securing needed resources. There is a shortage of clinical personnel to provide treatment services.

The Air Force program places a strong emphasis on training. In 1981 all family advocacy personnel were trained worldwide. Training was expanded to include first sergeants and commanders. Systematic Training for Effective Parenting (STEP) kits were purchased for all Air Force bases, and local personnel were trained in STEP methods. STEP-TEEN kits were also purchased. Clinical social workers can attend a training conference biannually. While there has been significant training in prevention and intervention, personnel need additional instruction in program design and implementation.



MAJ Henry Vader
USAF, BSC
Air Force Family Advocacy Program Manager

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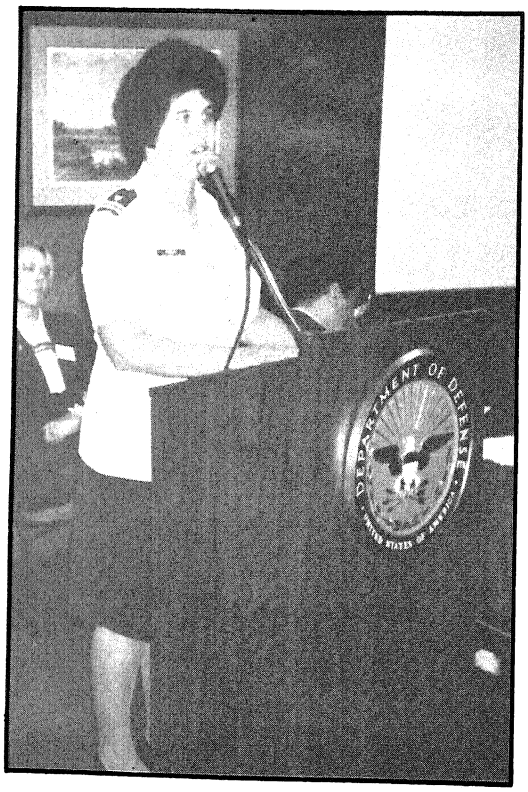
The Air Force anticipates the hiring of family outreach workers (social workers) for local programs. This would help separate clinical (treatment) duties from outreach (investigative and assessment) duties. Currently clinicians perform all duties in case management, which hinders effective treatment. Increased administrative support is also planned.

Currently, most child sexual abuse cases result in administrative separation for the offender.

LT Rosemary Pezzuto, USCG
Coast Guard Family Program Officer



The Coast Guard has 39,000 personnel, 52% of whom are married. The Coast Guard program has a preventative emphasis. Sixteen social workers have been hired as family program administrators. Much of the work in family advocacy is performed as collateral duty by personnel who have had a three day training course in family advocacy. There is a heavy reliance on community resources.

An interim child sexual abuse policy similar to the Navy policy has been in effect for two years. There is an interface between the manpower and personnel offices around case management issues. Criteria for admission into the program include:

1. Perpetrator's admission of responsibility.
2. Demonstrated performance.
3. Positive prognosis from a competent clinician.

Investigators are now directed to take a social worker with them on case investigations. Prevention efforts include training in stress management and the effects of isolation.

Team Coordination: Military/Civilian Issues Related to Case Management of Sex Abuse

Joyce N. Thomas, R.N., M.P.H.

Director, Division of Child Protection
Children's Hospital, National Medical Center

Currently, we are looking at the tip of the iceberg in the area of child sexual abuse. There is a collective unwillingness to truly address the issue, and we have very limited knowledge in the area. The issues are many, are very complex, and are being struggled with by all aspects of society. In the military, many case outcomes are abrupt.

Cases are very difficult to discuss because of limited evidence. Only 20% of child sexual abuse cases have any physical evidence of abuse. Ten percent of the victims have a sexually transmitted disease.

There are many multidisciplinary issues to consider. Currently, the staff at Children's Hospital is struggling with the definition of child sexual abuse. The signs and symptoms of abuse are difficult to recognize, but there are major long-term implications for victims. Children believe that they have done something wrong and thus feel they have no one to talk to. Sexual abuse usually cannot be described as readily as other physical ailments. We have a responsibility to help the front line workers deal with these issues. Accuracy of early intervention efforts is essential so we do not wind up with reports which cannot be substantiated, and in which everyone loses as a result. We need to substantiate *early* those things which we can.

Children are difficult witnesses and cannot relate clearly what happened. We need interviewers who are knowledgeable about children. Emergency rooms do not want to spend time in this area, because they are geared for fast, precise responses to trauma.

It is important to look at how these cases enter the system and to make commanding officers aware of this. The system must become aware of the problem at the policy level, which can truly make a difference in how cases are handled. There are many questions regarding treatment modality, definition, rates of success, and length of monitoring possible. There is much public pressure to respond, and much involvement by the press. In response, many communities have instituted band-aid approaches.

We need to focus on how to improve case management. There should be military-civilian collaboration, but there are many problems with this, for example, personnel changes, and jurisdictional issues. Our goals should be to stop abuse, clarify the issues, and allow the families to stay together if they choose to do so. The key is how to get the system to work for you and not overwhelm you.

Legal Issues & Reforms in Child Sexual Abuse Cases

Josephine A. Bulkley, Esq.

Director, Child Sexual Abuse Law Reform Project
American Bar Association

Until very recently, most child abuse and child sexual abuse cases were handled in juvenile court. Today, the criminal court system is becoming increasingly involved in child sexual abuse cases. Each system has advantages and disadvantages. Sexual abuse of a child is a crime, and, for this reason, prosecution is advocated. In addition, the criminal system has more authority over offenders, and fairer constitutional safeguards for the defendant. However, there are conditions unique to child cases that make prosecutions difficult and increase trauma to children.

The National Center on Child Abuse and Neglect has funded grants to develop recommendations for improving the law surrounding child sexual abuse cases. In 1982 the American Bar Association Child Sexual Abuse Law Reform Project made recommendations in three areas: how to reduce trauma to children, how to improve prosecutions, and how to provide treatment as an alternative disposition to prison.

Among the procedural and statutory reforms that have been enacted based on the Reform Project's recommendations are: joint and videotaped interviews, coordination of juvenile and criminal court cases, use of child advocates in criminal court, developing alternatives to a child's testimony in open court, abolishment of competency requirements for children, hearsay exceptions for a child's out of court statements, improved use of expert testimony, and use of pre-trial diversion and post-conviction suspension of sentencing, with treatment as a condition.

Reform statutes have been repeatedly overturned, and there is concern that this may serve to impede reform legislation in the long run. The key issues are how to minimize trauma to children, while safeguarding defendants' constitutional rights.

Increasingly, our concern is directed to the large number of children exposed to sexual maltreatment, cases of multiple perpetrators and victims, and more cases of civil suits brought by victims against perpetrators. Research is needed on the effects of legal reforms: Have prosecutions increased? Have they been successful? At what cost?

Intrafamilial Child Sexual Abuse— A Treatment Model

Sandra K. Baker, LCSW

Executive Director, Sacramento Child Sexual Abuse Treatment Program

With increased prevention efforts in child sexual abuse come increases in reporting and case identification, and an accompanying need for innovative treatment approaches. This report describes the Sacramento Child Sexual Abuse Treatment Program, one of 14 demonstration projects funded by the National Center on Child Abuse and Neglect to test alternatives to prosecution and incarceration in child sexual abuse cases. Currently the largest pretrial diversion program in the country, this is a private, non-profit, community consortium effort involving the child protection agency, juvenile court, county prosecutor, police, and treatment agency.

Key elements of a successful treatment program are as follows:

1. Not all child molestation is the same, therefore, more than one type of response is required. You have to think complexly.
2. Recognize the importance of the attitudes of all the people involved.
3. Develop an interdisciplinary protocol.
4. Treatment must be *mandated*.
5. Must have a single agency or department responsible for case management.
6. Treatment must involve entire family or as many members as possible.
7. Plan must be consistently followed.
8. Must be long-term treatment (minimum of two years).
9. Must have structured goals and objectives for treatment.
10. Must incorporate different treatment modalities and methodologies.
11. Must have ways of measuring success and goal achieve
12. Must be willing to risk, to try something new, to correct

The military situation presents particular challenges in the ment of child sexual abuse cases:

- Few alternatives to prosecution.
- Problems associated with incarceration.
- Changes in commanding officer, which may result in cha philosophy and local practice.
- Court-martial negates privileges for families.
- Requires strong military-civilian coordination of effort.

Highlights of Professional Discipline Group Meetings

The following is a summary of key points presented by each professional discipline working group in response to a draft policy statement on the handling of child sexual abuse cases:

Law Enforcement

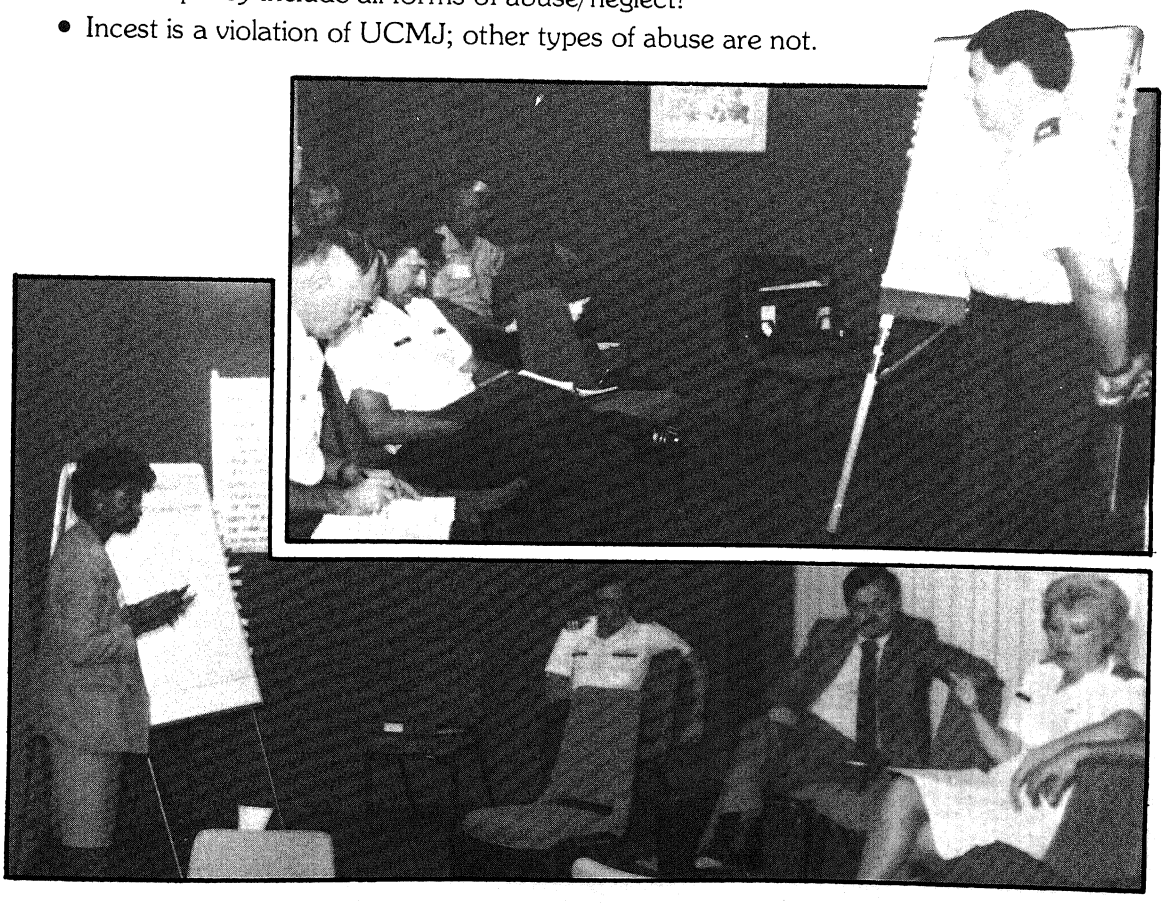
- Ensure that policy statement specifies "intrafamilial" when referring to child sexual abuse.
- Specify that the interests of society must be met.
- Drop mandated Memorandum of Understanding and allow for verbal or other agreements with civilian authorities.
- Make sure established cases are reported to National Crime Information Center (NCIC).
- Provide transitional support for the family if military member is separated from the Service.
- Require a written statement (agreement) from offender to participate in treatment.
- Review case every six months from the time treatment is initiated.
- Ensure that investigative agencies are involved in case response process.

Manpower

- Make crisis intervention and treatment available to all offenders and their family units.
- Make sure all disciplines are involved and integrated.
- Offender must demonstrate a commitment to treatment.

Medical

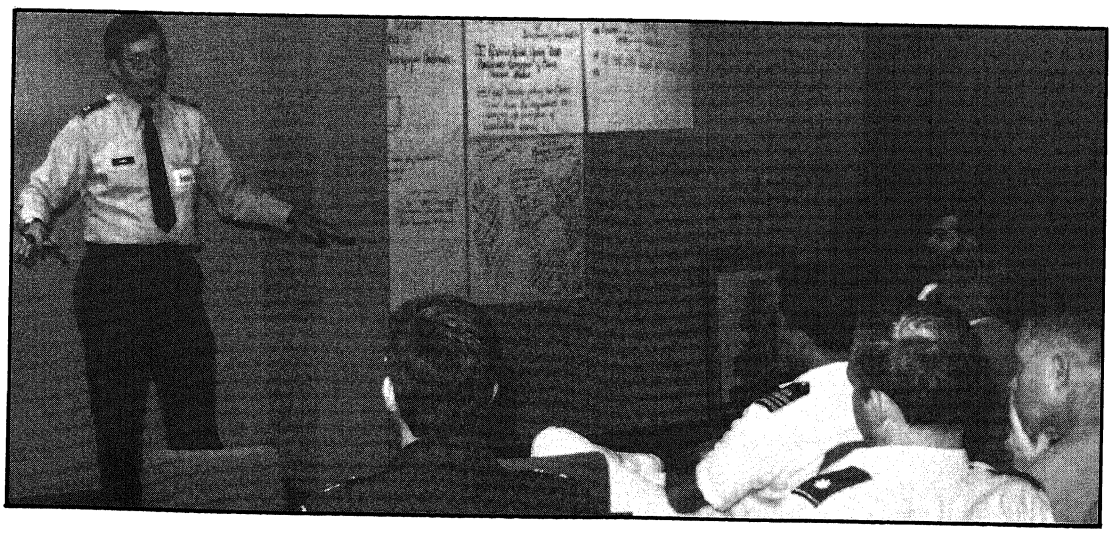
- Conduct cost-benefit analyses.
- Decide who is the client (family or Service).
- Should policy include all forms of abuse/neglect?
- Incest is a violation of UCMJ; other types of abuse are not.



- Consider use of civilian central case registry.
- Uniform "approach," rather than uniform "response."
- Quarterly follow-up reports.
- Upon discharge of offender, provide family continuity of care.
- Use of existing or new resources?
- Aim prevention efforts toward high-risk families.

Legal

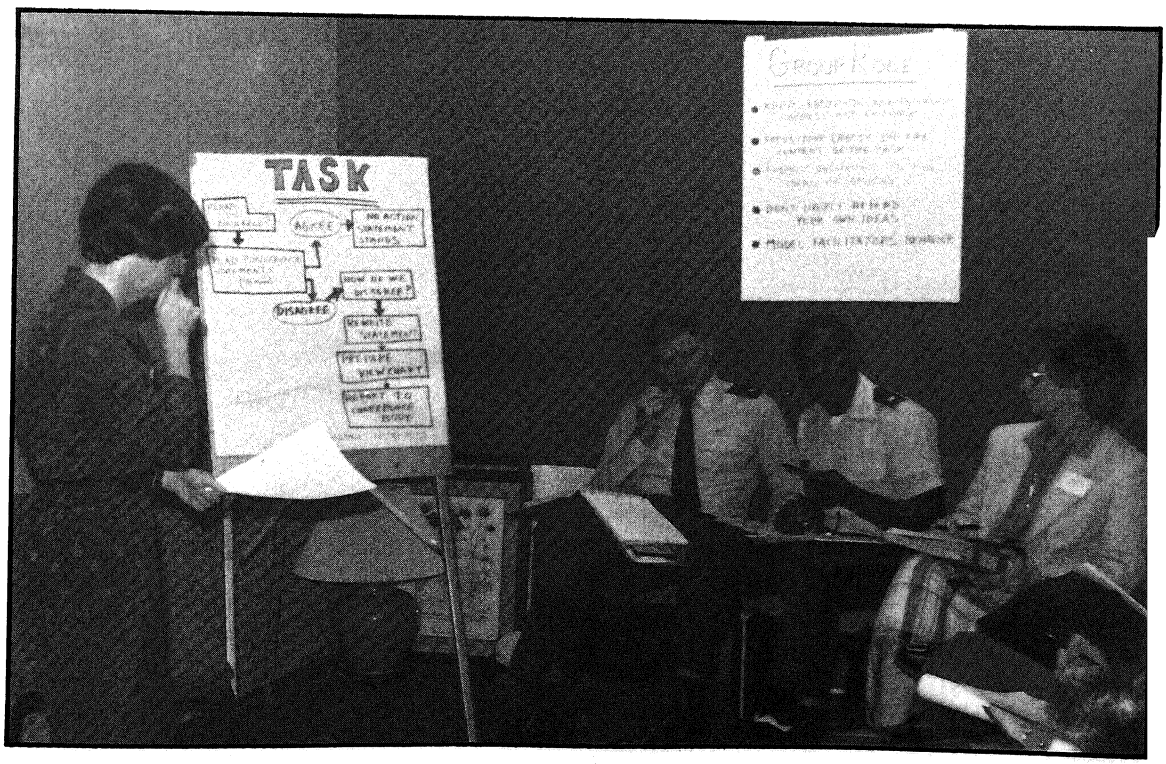
- Uniform "approach," rather than uniform "response."
- Should be Memorandum of Understanding with local community.
- Any reports made to civilian agencies is by DoD policy only, not by law.
- Chaplains and attorneys not required to make reports to civilian authorities.
- Notify law enforcement and investigators immediately.
- Cannot mandate commanding officer to participate in case mangement.
- Commanding officer may recommend retention and can suspend sentence.
- Committee should not set criteria for suspension of sentencing.



- Commanding officer should have all records available.
- Cannot single out this crime as exempt from barring further service.
- Resources to come from the Department of Defense.

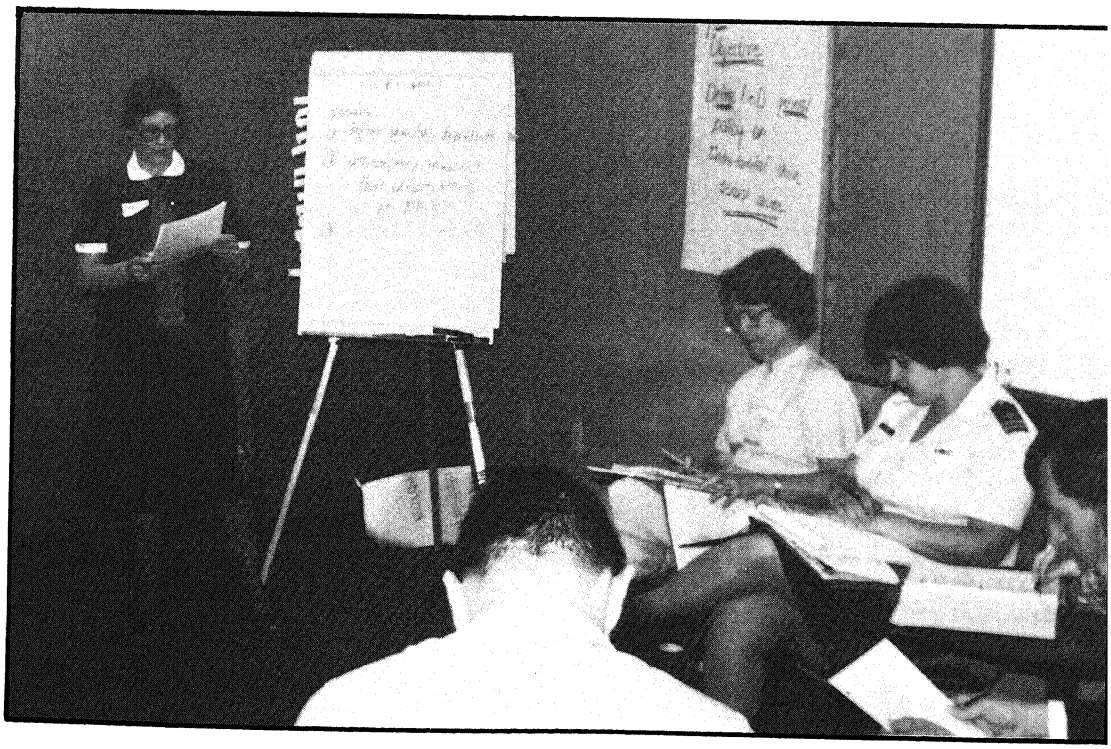
Social Services I

- Retention decision based on best interests of Service with concern for family.
- Abuse must be intrafamilial.
- Department of Defense to encourage reciprocal reporting by civilian agencies.
- Clarify regulation with regard to confidentiality.
- Commanding officer to participate in case monitoring.
- Program resources to come from Department of Defense.
- Case notification to commanding officer within 24 hours.



Social Services II

- Include Coast Guard specifically.
- Emphasize support for affected child.
- Mandate immediate medical assessment.
- Make efforts to minimize trauma to child.
- Attorney and team meet to make joint case recommendation.
- Dispositions should be determined by circumstances of the case.
- Offender must have positive service record prior to incident to be considered for treatment program.
- Commanding Officer defines "performance at an acceptable level."
- Make sure resources match requirements.
- Need clear definitions, e.g., "family," "positive performance."
- Define chaplain's role in confidentiality.
- Will voluntary and involuntary referrals be handled similarly?



Summary

Numerous areas of consensus in the management of child sexual abuse cases emerged from the professional discipline working groups. The following points represent generally agreed upon opinions among the conference participants:

- Consideration should be given to developing a specific policy for intervention and case management of intrafamilial child sexual abuse (incest).
- Complexity of the field requires clear definitions of types of abuse and abusers.
- Not all sexual abuse cases are alike; no single response will adequately serve all cases.
- Offender's commanding officer should be involved in cases immediately and in on-going case monitoring process.
- Protocols should be established for local multidisciplinary cooperation and coordination.
- A Memorandum of Understanding or cooperative agreement should be executed with civilian community to define and assign responsibilities in intervention and case management.
- A multidisiplinary assessment and screening process is essential to identify individuals who are a good risk for community-based treatment programs.
- Criteria must be clearly established for consideration of members as prospective candidates for treatment.
- Offenders retained on active duty must make a clear commitment to engage in treatment programs; treatment must be mandatory, not voluntary; family members should be involved.
- Treatment should be available and accessible to all offenders and family members; treatment and transitional support should be made available to individuals being processed for discharge from the Service.
- Limits of confidentiality among professional disciplines must be clearly defined.
- Education and training efforts should be directed at personnel involved in intervention and case management.
- Prevention efforts should be directed at at-risk populations.

Recommendations

As judged by participant response, the Conference was successful in terms of accomplishing the stated objectives. The Conference provided a forum for interdisciplinary and inter-Service professional networking and resource-sharing. It confirmed the need for continued dialogue among representative groups on targeted family advocacy issues.

The Military Family Resource Center is in the process of revising DoDD 6400.1 (Family Advocacy Program). Conference recommendations will be evaluated for inclusion in the directive or for development as separate policy guidance in accordance with appropriate staffing procedures within the Office of the Secretary of Defense.

The Conference was useful in terms of identifying areas for individual Service initiatives, interdepartmental cooperative efforts, and military-civilian collaboration. Conference findings will also assist the Military Family Resource Center in identifying appropriate areas for providing technical assistance and effective liaison with the Services and other agencies working in the field of family violence.

Appendix

Participating Agencies:

Office of the Assistant Secretary of Defense (Force Management and Personnel)

Armed Forces Chaplain Board
Family Policy Office
Legislation and Legal Policy
Military Family Resource Center
Office of Dependent Schools
Personnel Administration and Services

Office of the Assistant Secretary of Defense (Health Affairs)

Alcohol and Drug Abuse Prevention

Inspector General (Department of Defense)

Assistant Inspector General for Criminal Investigations Policy and Oversight

Department of the Army

Office of the Surgeon General
U.S. Disciplinary Barracks
U.S. Legal Services Agency
Walter Reed Army Medical Center
Criminal Investigation Command
Office of the Judge Advocate General
Office of the Chief of Chaplains
Community and Family Support Center
Office of Army Law Enforcement
The Judge Advocate General's School

Department of the Navy

Office of the Deputy Assistant Secretary of the Navy for Manpower and Reserve Affairs
Commandant of the Marine Corps
Naval Military Personnel Command
Office of the Judge Advocate General
Naval Medical Command
Naval Investigative Service
Office of the Chief of Chaplains
Naval Hospital Charleston
Naval Medical Clinic Quantico
Family Service Center, NAV Base Charleston

Department of the Air Force

Office of the Surgeon General
Office of Special Investigations
Family Matters Office
Office of the Judge Advocate
Office of Security Police
Military Personnel Center
Office of the Chief of Chaplains
United States Air Force Medical Center Keesler
United States Air Force Medical Center Eglin

Department of Transportation

Commandant of the Coast Guard

National Institute of Drug Abuse

National Center on Child Abuse and Neglect

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Department of the Navy

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Department of the Air Force

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Department of Transportation (Coast Guard)

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